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AMENDED

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

For calendar year 2010 or other tax year beginning **JUN 1, 2010** and ending **MAY 31, 2011**

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) PACIFIC LUTHERAN UNIVERSITY</p> <p>Number, street, and room or suite no. If a P O box, see instructions PACIFIC LUTHERAN UNIVERSITY</p> <p>City or town, state, and ZIP code TACOMA, WA 98447</p>	<p>D Employer identification number (Employees trust see instructions) 91-0565571</p> <p>E Unrelated business activity codes (See instructions) 713910 453220</p>
<p>C Book value of all assets at end of year 248452936.</p>		<p>F Group exemption number (See instructions) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

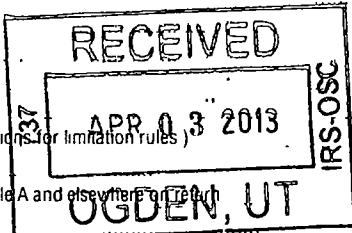
H Describe the organization's primary unrelated business activity ▶ **PUBLIC GOLF COURSE AND GARFIELD BOOK STORE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **ROBERT RILEY** Telephone number ▶ **(253) 535-7119**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 637,595.			
b Less returns and allowances c Balance ▶	1c 637,595.		
2 Cost of goods sold (Schedule A, line 7)	2 996,851.		
3 Gross profit Subtract line 2 from line 1c	3 -359,256.		-359,256.
4a Capital gain net income (attach Schedule D)	4a 1,245.		1,245.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 148,525.	STMT: 2	148,525.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 -209,486.		-209,486.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)			
14 Compensation of officers, directors, and trustees (Schedule K)			14
15 Salaries and wages			15
16 Repairs and maintenance			16 100,714.
17 Bad debts			17
18 Interest (attach schedule)			18
19 Taxes and licenses			19 7.
20 Charitable contributions (See instructions for limitation rules)			20
21 Depreciation (attach Form 4562)	21 1,844.		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a 909.		22b 935.
23 Depletion			23
24 Contributions to deferred compensation plans			24
25 Employee benefit programs			25
26 Excess exempt expenses (Schedule I)			26
27 Excess readership costs (Schedule J)			27
28 Other deductions (attach schedule) SEE STATEMENT 3			28 87,913.
29 Total deductions. Add lines 14 through 28			29 189,569.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13			30 -399,055.
31 Net operating loss deduction (limited to the amount on line 30)			31 0.
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30			32 -399,055.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)			33 1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34 -399,055.



SCANNED APR 12 2013

90-5 11

Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation
 Controlled group members (sections 1561 and 1563) check here See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 ▶ 35c 0.

36 Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 34 from
 Tax rate schedule or Schedule D (Form 1041) ▶ 36

37 Proxy tax. See instructions ▶ 37

38 Alternative minimum tax ▶ 38

39 Total Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) ▶ 40a

b Other credits (see instructions) ▶ 40b

c General business credit. Attach Form 3800 ▶ 40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) ▶ 40d

e Total credits Add lines 40a through 40d ▶ 40e

41 Subtract line 40e from line 39 ▶ 41 0.

42 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) ▶ 42

43 Total tax. Add lines 41 and 42 ▶ 43 0.

44 a Payments. A 2009 overpayment credited to 2010 ▶ 44a

b 2010 estimated tax payments ▶ 44b

c Tax deposited with Form 8868 ▶ 44c

d Foreign organizations. Tax paid or withheld at source (see instructions) ▶ 44d

e Backup withholding (see instructions) ▶ 44e

f Credit for small employer health insurance premiums (Attach Form 8941) ▶ 44f

g Other credits and payments Form 2439 Form 4136 Other _____ Total ▶ 44g

45 Total payments. Add lines 44a through 44g ▶ 45

46 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 46

47 Tax due If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 0.

49 Enter the amount of line 48 you want: Credited to 2011 estimated tax Refunded ▶ 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here **▶ TRINIDAD & TOBAGO**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES see instructions for other forms the organization may have to file

3 Enter the amount of tax-exempt interest received or accrued during the tax year **▶ \$**

	Yes	No
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **▶ N/A**

1 Inventory at beginning of year	1	0.	6 Inventory at end of year	6	0.
2 Purchases	2	357,145.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	996,851.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4a Additional section 263A costs	4a				
b Other costs (attach schedule)	4b	639,706.			
5 Total Add lines 1 through 4b	5	996,851.			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here **▶** *Robert K. Mohr* 3/25/13 **▶** **ASSOCIATE VP FOR FINANCE, CONTROLLER**

Signature of officer Date Title

Print/Type preparer's name **LAWRENCE H. MOHR, CPA** Preparer's signature *Lawrence H. Mohr CPA* Date **3/18/13** Check if self-employed if PTIN **P00447603**

Firm's name **▶ BAKER TILLY VIRCHOW KRAUSE, LLP** Firm's EIN **▶ 39-0859910**

Firm's address **▶ 225 S. 6TH ST. STE. 2300 MINNEAPOLIS, MN 55402** Phone no **(612) 876-4500**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		▶	0.
Total dividends-received deductions included in column 8 ▶			0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			▶	0.
Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) ▶				0.
Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) ▶				0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

FOOTNOTES	STATEMENT	1
NET OPERATING LOSS CARRYFORWARD		
NET OPERATING LOSS FROM FYE 05/31/08	83,884.	
NET OPERATING LOSS FROM FYE 05/31/09	619,513.	
CURRENT YEAR NET OPERATING LOSS	399,055.	
		<hr/>
NET OPERATING LOSS CARRYFORWARD TO FYE 05/31/12	1,102,452.	
		<hr/> <hr/>

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 2

DESCRIPTION	AMOUNT
BRINSON PARTNERSHIP FUND - 1998 PRIMARY FUND, LP (EIN: 52-2066937)	-1.
BRINSON PARTNERSHIP FUND - 1999 PRIMARY FUND, LP (EIN: 36-4262291)	12.
BRINSON PARTNERSHIP FUND - 1997 PRIMARY FUND, LP (EIN: 36-4156955)	11.
BRINSON PARTNERSHIP FUND - 1996 FUND, LP (EIN: 36-4050826)	-155.
BRINSON PARTNERSHIP FUND - 2000 PRIMARY FUND, LP (EIN: 36-4309910)	151.
GARFIELD COMMONS LLC (EIN: 65-1266546)	149,278.
CORE ALPHA PRIVATE EQUITY (EIN: 30-0428518)	-871.
PARTNERS GROUP (EIN: 98-0576320)	187.
DAVIDSON KEMPER INSTITUTIONAL PARTNERS (EIN: 13-3597020)	-87.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	148,525.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
ADMINISTRATIVE SERVICES	66,867.
PROFESSIONAL FEES	7,493.
INSURANCE	13,553.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	87,913.

FORM 990-T COST OF GOODS SOLD - OTHER COSTS STATEMENT 4

DESCRIPTION	AMOUNT
SALARIES AND WAGES	294,605.
FRINGE BENEFITS	68,680.
SUPPLIES	20,078.
TELEPHONE	955.
UTILITIES	6,707.
EQUIPMENT RENTAL	126,369.
REPAIRS AND MAINTENANCE	22,649.
ADVERTISING	13,449.
STATE & PROPERTY TAXES	3,789.
PROFESSIONAL FEES	14,157.
POSTAGE	676.
MISCELLANEOUS EXPENSE	42,756.

PACIFIC LUTHERAN UNIVERSITY

91-0565571

DEPRECIATION
AMORTIZATION

909.
23,927.

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B

639,706.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T
▶ See separate instructions

OMB No 1545 0123

2010

Name PACIFIC LUTHERAN UNIVERSITY	Employer identification number 91-0565571
--	---

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares of Z Co.)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1 ST CAP GAIN FROM CORE ALPHA PRIVATE EQUITY (EIN: 30-0428518)	VARIOUS	VARIOUS	231.		231.
ST CAP GAIN PARTNERS GROUP (EIN: 98-0576320)	VARIOUS	VARIOUS	29.		29.

2 Short-term capital gain from installment sales from Form 6252, line 26 or 37	2	
3 Short-term gain or (loss) from like-kind exchanges from Form 8824	3	
4 Unused capital loss carryover (attach computation)	4	()
5 Net short-term capital gain or (loss) Combine lines 1 through 4	5	260.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss)
6 LT CAP LOSS PARTNERS GROUP (EIN: 98-0576320)	VARIOUS	VARIOUS	-48.		-48.

7 Enter gain from Form 4797, line 7 or 9	7	1,033.
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37	8	
9 Long-term gain or (loss) from like-kind exchanges from Form 8824	9	
10 Capital gain distributions (see instructions)	10	
11 Net long-term capital gain or (loss). Combine lines 6 through 10	11	985.

Part III Summary of Parts I and II

12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)	12	260.
13 Net capital gain Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	13	985.
14 Add lines 12 and 13 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	14	1,245.

Note If losses exceed gains, see **Capital losses** in the instructions

Depreciation and Amortization 990-T
 (Including Information on Listed Property)
 ▶ See separate instructions. ▶ Attach to your tax return

Name(s) shown on return: **PACIFIC LUTHERAN UNIVERSITY**
 Business or activity to which this form relates: **FORM 990-T PAGE 1**
 Identifying number: **91-0565571**

Part I Election To Expense Certain Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter 0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations see instr	22	935.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3 month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990 T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization PACIFIC LUTHERAN UNIVERSITY	Employer identification number 91-0565571
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions PACIFIC LUTHERAN UNIVERSITY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions TACOMA, WA 98447	

Enter the Return code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ROBERT RILEY

- The books are in the care of ▶ **BUSINESS OFFICE - TACOMA, WA 98447**
 Telephone No ▶ **(253) 535-7119** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning **JUN 1, 2010**, and ending **MAY 31, 2011**

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for payment instructions

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1 2011)